

LUXURY MODEL: Baseline Measure*

(PRIMARY QUESTIONS to be included by ALL Smoking sites)

1. **Are you currently a smoker** (check one)?
___ Yes, I currently smoke (GO TO Q2)
___ No, I quit within the last 6 months (GO TO Q4)
(Scoring - ACTION STAGE)
___ No, I quit more than 6 months ago (GO TO Q4)
(Scoring - MAINTENANCE STAGE)
___ No, I have never smoked (GO TO next question after Smoking Questions)
(Scoring - NONSMOKER)
2. (FOR SMOKERS ONLY)
In the last year, how many times have you quit smoking for at least 24 hours?
___ TIMES
3. (FOR SMOKERS ONLY)
Are you seriously thinking of quitting smoking (check one)?
___ Yes, within the next 30 days
(Scoring - refer to previous question. PREPARATION STAGE if at least one 24-hour quit attempt in past year. If no quit attempt, then CONTEMPLATION STAGE)
___ Yes, within the next 6 months (Scoring - CONTEMPLATION STAGE)
___ No, not thinking of quitting (Scoring - PRECONTEMPLATION STAGE)
4. **During a typical 7 day period, how many cigarettes did you smoke per day?**
___ Cigarettes per day
5. **Have you smoked 100 cigarettes in your entire life?**
___ Yes ___ No (IF "NO" GO TO next question after smoking questions)
6. **If you have quit smoking, when did you stop smoking?**
___ / ___ / ___ (FILL IN DATE)
7. **In your life, how many years have you smoked altogether?**
___ YEARS
8. **Since you started smoking regularly what was the single longest time that you have stayed off cigarettes?**
___ Years ___ Months [OR] ___ Weeks ___ Days
9. **About how old were you when you first started smoking regularly?**
___ YEARS
10. **How much do you want to quit smoking?** (Circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Don't				Somewhat				Very much	
want to quit				want to quit				want to quit	

* NOTE: Remove scoring remarks before use with participants

11. **As of now, how confident are you that you can quit smoking?**
(circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very
confident				confident					confident

12. **Does your spouse or partner currently smoke cigarettes?**
 _____ Yes _____ No _____ Don't have spouse or partner
13. **Excluding you and your spouse or partner, how many other people in your household smoke cigarettes?**
 _____ People

(SECONDARY MEASURES)

1. **When you stopped smoking completely, which of the following methods did you use?** (Circle all that apply)
- a. Stop all at once ("cold turkey")
 - b. Follow instructions in a pamphlet or book?
 - c. Obtain one-on-one counseling?
 - d. Use a stop smoking clinic or program?
 - e. Use the nicotine patch?
 - f. Use nicotine containing gum (such as "Nicorette")?
 - g. Use a nicotine nasal spray?
 - h. Use nicotine inhaler?
 - i. Use Zyban/Bupropion medication?
 - j. Switch to chewing tobacco or snuff?
2. **Other than the choices above, have you used any other method?**
 _____ Yes _____ No
If "YES," specify other quit method here: _____
3. **Do you currently...**
- | | | |
|----------------------|-----------|----------|
| smoke a pipe? | _____ Yes | _____ No |
| smoke cigars? | _____ Yes | _____ No |
| use snuff? | _____ Yes | _____ No |
| use chewing tobacco? | _____ Yes | _____ No |
4. **In the past, have you had an illness that you think was caused or made worse by smoking?**
 _____ Yes _____ No
5. (Fagerstrom Test)
How soon after you wake up do you smoke your first cigarette?
 _____ Within 5 minutes
 _____ 6-30 minutes
 _____ 31-60 minutes
 _____ After 60 minutes

6. **Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in a church, on an airplane, at the movies, etc.?**
_____ Yes _____ No
7. **Which cigarette would you hate most to give up?**
_____ The first one in the morning _____ All others
8. **How many cigarettes/day do you smoke?**
_____ 10 or less
_____ 11-20
_____ 21-30
_____ 31 or more
9. **Do you smoke more frequently during the first hours after waking than during the rest of the day?**
_____ Yes _____ No
10. **Do you smoke when you are so ill that you are in bed most of the day?**
_____ Yes _____ No

LUXURY MODEL: Follow-up (Outcome) Measure*

(PRIMARY MEASURES to be included by ALL Smoking sites)

1. **Are you currently a smoker** (check one)?
___ Yes, I currently smoke (GO TO Q2)
___ No, I quit within the last 6 months (GO TO Q4)
(Scoring - ACTION STAGE)
___ No, I quit more than 6 months ago (GO TO Q4)
(Scoring - MAINTENANCE STAGE)
___ No, I have never smoked (GO TO next question after Smoking Questions)
(Scoring - NONSMOKER)
2. (FOR SMOKERS ONLY)
In the last year, how many times have you quit smoking for at least 24 hours?
___ TIMES
3. (FOR SMOKERS ONLY)
Are you seriously thinking of quitting smoking (check one)?
___ Yes, within the next 30 days
(Scoring - refer to previous question. PREPARATION STAGE if at least one 24-hour quit attempt in past year. If no quit attempt, then CONTEMPLATION STAGE)
___ Yes, within the next 6 months (Scoring - CONTEMPLATION STAGE)
___ No, not thinking of quitting (Scoring - PRECONTEMPLATION STAGE)
4. **During a typical 7 day period, how many cigarettes did you smoke per day?**
___ Cigarettes per day
5. **Have you smoked a cigarette, even a puff, in the past seven days?**
___ Yes ___ No
6. **Have you smoked 100 cigarettes in your entire life?**
___ Yes ___ No (IF "NO" GO TO next question after smoking questions)
7. **Do you currently...**
smoke a pipe? ___ Yes ___ No
smoke cigars? ___ Yes ___ No
use snuff? ___ Yes ___ No
use chewing tobacco? ___ Yes ___ No
8. **How much do you want to quit smoking?** (Circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Don't				Somewhat				Very much	
want to quit				want to quit				want to quit	

* NOTE: Remove scoring remarks before use with participants

9. **As of now, how confident are you that you can quit smoking?**

(circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat				Very		
confident			confident				confident		

10. **In the past month have you reduced the number of cigarettes you smoke?**

____ Yes ____ No

CONSIDER ADDING THE FOLLOWING ITEMS...

11. **If you have quit smoking, when did you stop smoking (even a puff)?**

____ / ____ / ____ (FILL IN DATE)

12. **Have you smoked even a puff since:
[DATE OF THE END OF THE GRACE PERIOD]?**

____ Yes ____ No (End of Smoking Section)

If YES, when did that first occur? ____ / ____ / ____ (FILL IN DATE)

13. **Have you smoked for 7 consecutive days or one day in 2 consecutive weeks since your quite date?**

____ Yes ____ No

If YES, when did that first occur? ____ / ____ / ____ (FILL IN DATE)

(SECONDARY MEASURES)

1. **Have you smoked a single cigarette since you began your quit attempt?**

____ Yes ____ No

If YES, have you smoked at least one cigarette for 7 consecutive days?

____ Yes ____ No (from NHLBI definition of relapse)

2. **When you stopped smoking completely, which of the following methods did you use?** (Circle all that apply)

- a. Stop all at once ("cold turkey")
- b. Follow instructions in a pamphlet or book?
- c. Obtain one-on-one counseling?
- d. Use a stop smoking clinic or program?
- e. Use the nicotine patch?
- f. Use nicotine containing gum (such as "Nicorette")?
- g. Use a nicotine nasal spray?
- h. Use nicotine inhaler?
- i. Use Zyban/Bupropion medication?
- j. Switch to chewing tobacco or snuff?

3. **Other than the choices above, have you used any other method?**

____ Yes ____ No

If "YES," specify other quit method here: _____